

OCT 30 2003

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization) <u>Riessen for Representative Committee</u>	
IMPORTANT: Indicate type of committee you are reporting for: <input checked="" type="checkbox"/>	
(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee (8) Support State of Candidates	

FORM DR-2 (Rev. 01/98)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>1351</u>
Indexed	<u>9</u>
Audited	
Computer	<u>WRS</u>

SIGNATURE OF TREASURER (or person filing this report) James R. RiessenTELEPHONE 314-752-8407DATE SIGNED 10/29/03

Routine Penalties Due For Late Filed Reports Range from \$20 to \$800

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A Nov 1 03 REPORT FOR AN/A (1) ELECTION /(2) NON-ELECTION YEAR.
(report date) Indicate one ☒☒ CHECK IF AMENDMENT TO REPORT DATED 10/29/02☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total
of all monies held by the committee. This amount **MUST** be the
same as the cash on hand at the end of the last reporting period,
or must be zero if this is first report filed.)\$ 8,101.03

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A)

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$

16,872.03

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B)

Schedule F: Loan Repayments total (Attach Schedule F)

13,995.45CASH ON HAND at the end of this reporting period (if final report, balance must
be zero) (Attach DR-3)\$ 2,876.58

UNPAID BILLS (From Schedule D - Attach Schedule D)

IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☐ NO ☒

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ 2,876.58

Nov. 1, 2003

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

NOV 13 2003
PM 11-12

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Riessen for Representative Committee

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 688.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10/22	ID# CK# 6206	J Bryan Schutte 520 COURT ST. Burlington IA 52615		\$ 200.00	✓
10/22	ID# CK# 2564	Kathy Waterhouse 17512 TEELE RD SPERRY IA 52650		1850	✓
10/28	ID# CK#	unitemized cash contribution		100.00	✓
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				

SUB-TOTAL

TOTAL (if last page of this schedule)

\$ 315.00

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule A)

Nov 1, 2002

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

NOV 13 2003
PM 11-12

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Ripstein for Representative Committee

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/18/02	ID# CK# 1071	El Herald Espanol 505 E Monroe 14T Pleasant IA 52644	ad	\$ 84.00
* 10/22/02	ID# CK# 1077	Iowa Democratic 568 Fleur Dr Des Moines IA 50321	contribution	6000
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			

* on amended report
dated 8-18-03

SUB-TOTAL	\$ 6084
TOTAL (if last page of this schedule)	\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

AUG 22 2003
pm 8-21

COMMITTEE NAME (Must be same as on Statement of Organization)

WESSEN FOR REPRESENTATIVE COMMITTEEIMPORTANT: Indicate type of committee you are reporting for: ☒

- (1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate
 (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee
 (8) Support State of Candidates

SIGNATURE OF TREASURER (or person filing this report)

TELEPHONE

DATE SIGNED

FORM

DR-2

(Rev. 01/98)

DISCLOSURE
REPORT

For Office Use Only

Comm. # 1351
 Indexed _____
 Audited 9-29-03 e
 Computer WRS

Routine Penalties Due For Late Filed Reports Range from \$20 to \$800

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A _____ REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.
 (report date) Indicate one ☐

☒ CHECK IF AMENDMENT TO REPORT DATED NOVEMBER 1, 2002

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
 (You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
 which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total
 of all monies held by the committee. This amount **MUST** be the
 same as the cash on hand at the end of the last reporting period,
 or must be zero if this is first report filed.)

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A)

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B)

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report, balance must
 be zero) (Attach DR-3)

UNPAID BILLS (From Schedule D - Attach Schedule D)

IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

YES NO

5/13/03

\$

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

DISCLOSURE BOARD

NOV - 1 2002

PM 10-30

FORM

DR-2

(Rev. 01/98)

DISCLOSURE

REPORT

For Office Use Only

Comm. # 7351

Indexed 2

Audited 8-4-03

Computer WRS

COMMITTEE NAME (Must be same as on Statement of Organization)

KIESER FOR REPRESENTATIVE COMMITTEE

IMPORTANT: Indicate type of committee you are reporting for: ☒

(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate

(5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee

(8) Support State of Candidates

SIGNATURE OF TREASURER (or person filing this report) Thomas R. Thomas

TELEPHONE 319 752-8407

DATE SIGNED 10/22/02

Routine Penalties Due For Late Filed Reports Range from \$20 to \$800

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A 11-01-02 REPORT FOR AN/A (1) ELECTION /(2) NON-ELECTION YEAR.

(report date)

Indicate one ☒

☐ CHECK IF AMENDMENT TO REPORT DATED See Amended Summary

Local Committees, enter Date of Election

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a Notice of Dissolution is filed.)

County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)

\$ 1,653.73

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A).....

6,456.00

Schedule F: Loans Received total (Attach Schedule F).....

2,000.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H).....

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$ 10,109.73

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B).....

7,911.45

Schedule F: Loan Repayments total (Attach Schedule F).....

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3).....

\$ 2,198.28

UNPAID BILLS (From Schedule D - Attach Schedule D).....

IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E).....

OUTSTANDING LOANS (From Schedule F - Attach Schedule F).....

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

S/B - 0 YES ☒ NO ☐
608.83

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

RISEN FOR REPRESENTATIVE COMMITTEE

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
✓ 10/18/02	ID# CK# 269	LOUISA COUNTY DEMOCRATIC COMMITTEE COLUMBUS SUMMIT IA 52728		\$ 500.00	
✓ 10/18/02	ID# 6046 CK# 3595	JUSTICE FOR ALL PAC FORMERLY THE HELP TRUST 218 6TH AVE DES MOINES 50209		500.00	
10/18/02	ID# CK# 2688	NORMAN + JEANETTE FRY 2234 SOUTH MAIN STREET BURLINGTON IA 52601		250.00	
10/18/02	ID# CK# 2687	NORMAN + JEANETTE FRY 2234 SOUTH MAIN STREET BURLINGTON IA 52601		250.00	
10/18/02	ID# CK# 8241	SHEILA WALDORF 2575 WEST AVE BURLINGTON IA 52601		15.00	
10/18/02	ID# CK# 2492	RICHARD + LINDA SPRINGSTEEN 712 S PLANK ST. BURLINGTON IA 52601		15.00	
10/18/02	ID# CK# 6306	WYNNE OR RUTH SMITH 1116 HAGEMAN AVE BURLINGTON IA 52601		15.00	
10/18/02	ID# CK# 5976	CAROLYN PETERS 920 N 13TH ST. KEOKUK, IA 52632		15.00	
10/18/02	ID# CK# 2068	SONO + LOUISE OKORLO 3708 WHISPERING LAWE KEOKUK IA 52632		15.00	
10/18/02	ID# CK# 3638	DR. WILLIAM + THELMA O'NEILL 802 E PINE PLACE MOUNT PLEASANT IA 52641		15.00	
SUB-TOTAL				\$ 1590.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Riessen for Representative Committee

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10/23	ID# 6118 CK# 1855	Jana Optometric Assoc IOA-PAC 1454 30th ST Suite 204 West Des Moines IA 52266		\$ 100 ⁰⁰	
10/23	ID# CK# 8046	Karen Jensen 501 Chestnut St Mantoloking Iowa 52639		15 ⁰⁰	
10/23	ID# CK# 7539	Dan Clark 100 Clay St Burlington IA 52601		100 ⁰⁰	
10/23	ID# CK# 1085	Charlotte Blodgett 521 N. 5th APT 2 Burlington IA 52601		10 ⁰⁰	
10/23	ID# CK# 1155	Ton Courtney 2200 Summer St Burlington IA 52601		25 ⁰⁰	
10/23	ID# CK# 14552	Oliver Sullivan 5525 Hunt Rd Burlington IA 52601		15 ⁰⁰	
10/23	ID# CK# 1141	Myron Halverson 106 Court Street Ottumwa IA 52501		100 ⁰⁰	
10/23	ID# CK# 9610	Kathy Kishel 1105 N. Lincoln St Mt Pleasant IA 52641		20 ⁰⁰	
10/23	ID# CK# 5157	Deanne Robinson 404 W. Oak PO Box 294 Danville IA 52622		25 ⁰⁰	
10/18	ID# CK# 5713	Janet Fite-Lofrenz 1122 Grand Ave Keokuk Iowa 52632		30 ⁰⁰	

SUB-TOTAL

\$ 460⁰⁰

TOTAL (if last page of this schedule)

\$

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Page 2 of 5
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Riessen for Representative Committee

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10/18/02	ID# CK# 4997	Dan Ring 1316 N. 6th Burlington IA 52601		\$ 30.00	
10/18/02	ID# CK# 7127	Susan Spencer 3100 Ave K East Madison IA 52627		60.00	
10/18/02	ID# CK# 697	Ross Teal 532 MAY AVE Burlington IA 52601		15.00	
10/18/02	ID# CK# 6311	Melody Ritter 940 Milton Dr Keokuk Iowa 52632		15.00	
10/18/02	ID# CK# 7743	Marlene Durt 11302 150th ST Burlington IA 52601		30.00	
10/18/02	ID# CK# 5745	Dan Cahill PO Box 821 Burlington IA 52601		100.00	
10/18/02	ID# CK# 110	Larry Jackson 402 E PARK AVE Dixonville IA 52623		100.00	
10/18/02	ID# CK# 7790	Beverly Gerst 11332 Mill Dam Rd Burlington IA 52601		40.00 40.00	
10/18/02	ID# CK# 1537	DeLauria Co Democratic Central Committee Burlington IA 52601		250.00	
10/18/02	ID# CK# 11724	Norman Ackers 13091 Kirkland Rd Burlington IA 52601		30.00	
SUB-TOTAL				\$ 1070.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Riessen for Representative Committee

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
2002					
09/25	ID# CK# 5474	Elaine Baxter 1016 N Fourth Burlington IA 52605		\$ 25.00	
✓ 10/25	ID# 6439 CK# 1994	Council of State of Iowa Cyn fund CWA 311 California St Waterloo IA 50702		100.00	
✓ 10/25	ID# 6077 CK# 1650	Iowa Pharmacy PAC 8515 Douglas Suite 16 Des Moines IA 50322		100.00	
10/25	ID# CK# 6392	Deborah Paulson 2451 Jasper Ave Letts Iowa 52754		25.00	
10/23	ID# CK# 15140	Larry Taylor 3031 Flint Hills Dr Burlington IA 52601		100.00	
10/23	ID# CK# 6388	Don Paulson 2451 Jasper Ave Letts Iowa 52754		15.00	
10/23	ID# CK# 2365	Sandra Miller 13373 Kirken dall Rd Burlington IA 52601-8776		50.00	
10/23	ID# CK# 1982	Sandra Desalme 515 Jefferson St Burlington IA 52601		30.00	
10/23	ID# CK# 11808	Joff Heland 200 Emmett Burlington IA 52601		100.00	
10/23	ID# CK# 4734	Karen von Behren 2510 Irish Ridge Rd Burlington IA 52601		50.00	

SUB-TOTAL

\$ 595.00

TOTAL (if last page of this schedule)

\$

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Page 4 of 5
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

RIESSEN FOR REPRESENTATIVE COMMITTEE

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
✓ 10/26/02	ID# 6086 CK# 12867	ISSA-PAC 777 3RD STREET DES MOINES IA 50309		\$ 2,000 ⁰⁰	
✓ 10/26/02	ID# CK# 533	MUSCATINE CO. CENTRAL CNT. PO. BOX 1123 MUSCATINE IA 52761		200 ⁰⁰	
10/26/02	ID# CK# 2033	SIM RICHARDSON 405 MAIN ST. 202 SPRING. BURLINGTON IA 52601		150 ⁰⁰	
10/26/02	ID# CK# 7751	MARLENE GERST 11802 150TH ST. BURLINGTON IA 52601		200 ⁰⁰	
✓ 10/26/02	ID# 16279 CK# 2026	IOWA OPHTHALMOLOGY 1501 50TH STREET SUITE 133 WEST DES MOINES 50266		100 ⁰⁰	
10/26/02	ID# CK# 8732	KENNETH MESSER 1624 MORGAN KEOKUK IA 52632		75 ⁰⁰	
10/26/02	ID# CK# 4009	LANNY HILLIARD BOX 280 803 E. MAIN MEDIAPOLIS IA 52637		75 ⁰⁰	
10/26/02	ID# CK# 6387	DEB PAULSON 2451 JASPER AVE LETTA IA 52754		25 ⁰⁰	
10/26/02	ID# CK#	CASH		66 ⁰⁰	
10/26/02	ID# CK# 6347	JOHN RIESSEN 316 KIMBERLY WEST BURLINGTON IA 52655	SELF	250 ⁰⁰	
SUB-TOTAL				\$ 3141 ⁰⁰	
TOTAL (if last page of this schedule)				\$ 6456 ⁰⁰	

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Page 5 of 5
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

RISSER FOR REPRESENTATIVE COMMITTEE

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/15/02	ID# CK# 1074	THE HAWKEYE BURLINGTON IA 57601	ADVERTISING	\$ 84.70
10/18/02	ID# CK# 1075	CRAFTMAN PRESS BURLINGTON IA 57601	YARD SIGN	240.75
10/20/02	ID# CK# 1076	FRED MECKER BURLINGTON IA 57601	FUND RAISING ENTERTAINMENT	50.00
10/22/02	ID# CK# 1077	IOWA DEMOCRATIC 57601 DES MOINES IA 50319	CONTRIBUTION 10/28/02	6000.00
10/24/02	ID# CK# 1078	KBOR RADIO ROOSEVELT AVE BURLINGTON IA 57601	ADVERTISEMENT	568.82
10/28/02	ID# CK# 1079	KWCC MAXIMIZING RADIO 3218 HOLBERRY AVE MOSCATAWSE IA 52761	ADVERTISEMENT	1,848.00
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ 7911.45

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)

COMMITTEE NAME (Must be same as on Statement of Organization)

RIESEN FOR REPRESENTATIVE COMMITTEE

SCHEDULE

E

(Rev. 06/97)

IN KIND
CONTRIBUTIONS☐ CHECK THIS BOX IF
AMENDING FORM

DATE RECEIVED (MM/DD/YY)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
02/02/02	SEANETTE KLEIN 100 ASPEN CIRCLE BURLINGTON IA 52601	FRIEND	CAMPAIGN BUTTONS	\$ 60.00	
7/10/02	IOWA DEMOCRATIC PARTY DES MOINES IA ATTN/ CASSIE KERNER STAFF ASST.		COMPUTER	328.88	
8/1/02	IOWA DEMOCRATIC PARTY DES MOINES IA ATTN/ CASSIE KERNER STAFF ASST.		COMPUTER	164.44	
9/1/02	IOWA DEMOCRATIC PARTY DES MOINES IA ATTN/ CASSIE KERNER STAFF ASST.		COMPUTER	164.44	
10/1/02	IOWA DEMOCRATIC PARTY DES MOINES IA ATTN/ CASSIE KERNER STAFF ASST.		COMPUTER	164.44	

Previously
reported

SUB-TOTAL

\$ 882.20

TOTAL (if last
page of this
schedule)

\$

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

COMMITTEE NAME (Must be same as on Statement of Organization)

Riessen for Representative Committee

SCHEDULE

E

(Rev. 06/97)

IN KIND
CONTRIBUTIONS☐ CHECK THIS BOX IF
AMENDING FORM

DATE RECEIVED (MM/DD/YY)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
08/10/02 9/6/05	Sen. EDWARDS - New American Optimists 236 MASS Ave NE Suite 602 WASHINGTON DC 20002		Shipping + Printing of campaign Literature	\$162.21	
7/19/02	ISEA PAC 777 Third St Des Moines		Address Direct of Members	\$100.00	
8/04/02	Jeanette Kline 1000 Aspen Burlington IA 52601		Campaign Pins - M/g	\$100.00	
10/4/02	Iowa Democratic Party 5661 Fleur Dr Des Moines IA 50321		Production + Postage - Direct Mail	\$4328.12	
10/11/02	Iowa Democratic Party 5661 Fleur Dr Des Moines IA 50321		Production + Postage - Direct mail	3063.64	
8/02/02	Roxy Riessen 316 Kimberly Dr West Burlington IA 52655	Spouse	Drinks for fundraiser	101.21	✓
Previously reported					

SUB-TOTAL

\$

9314.18

TOTAL (if last

\$

page of this
schedule)

10196.38

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 2 of 2
(for Schedule E)

COMMITTEE NAME (Must be same as on Statement of Organization)

RIESSEN FOR REPRESENTATIVE

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$

SCHEDULE

F

(Rev. 08/96)

LOANS
RECEIVED
& REPAYED☐ CHECK THIS BOX IF
AMENDING FORM

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
10/28/02	JANE RIESSEN 316 KIMBERLY W. BORG RIESSEN IA - 52655 OK# 1081	DAUGHTER	\$ 2,000 ⁰⁰

TOTAL (PART I)

\$ 2,000⁰⁰

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD

(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAYED
			\$

TOTAL CASH REPAYMENTS (PART II)

\$

From Schedule E -- TOTAL LOANS FORGIVEN

\$

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD

\$ 2,000.00

*Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column when it applies.

THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY

COMMITTEE NAME (Must be same as on Statement of Organization)

RIESEN FOLK REPRESENTATIVE COMMITTEE

SCHEDULE

H

(Rev. 02/96)

CAMPAIGN
PROPERTYATTACH SCHEDULE H TO
EACH REPORT, MAKING
CHANGES AS REQUIRED.☐ CHECK THIS BOX IF
AMENDING FORM**PART I - ONGOING INVENTORY OF CAMPAIGN PROPERTY****PART II - SALES OR TRANSFERS OF CAMPAIGN PROPERTY ****

Date Purchased (Schedule B) or Date Received (Schedule E) (MM/DD/YR)	Description of Property	Purchase Price or Est. Value When Acquired*	Current Value at Fair Market This Report
1/08/02	56WS VINYL + PAPER	608.83	608.83

Date (MM/DD/YR)	Name and Address of Purchaser/Donee	Description of Property	Sold? Y/N	Sale Price	Value of Donation

TOTAL VALUE CAMPAIGN PROPERTY THIS REPORT
(TRANSFER TO SUMMARY PAGE) \$ 608.83** PROPERTY SALES & TRANSFERS TOTAL
(TRANSFER TO SUMMARY PAGE) \$ _____

TOTALS \$ _____ \$ _____

* If estimated, show est. beside figure.

S/B - 0

(Attach Additional Schedules if Needed)

Page _____ of _____ Pages
(For Schedule H)